

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019657

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

119

Primary Registration District No.

5443

Registrar's No.

20

FILED JUN 3 1963

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Roark Twp.

Length of stay in 1b.

65 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

1/2 Mi. S. of Hermann

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Gasconade

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

Roark Twp

(Hermann)

d. STREET ADDRESS

1/2 Mi. S. of Hermann

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Clara

Middle Johanna

Last Volcamut

4. DATE OF DEATH

Month

Day

Year

May

24,

1963

5. SEX

Female

6. COLOR OR RACE

Cau.

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-13-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady

10b. KIND OF BUSINESS OR INDUSTRY

Sale Work

11. BIRTHPLACE (City and state or country)

Unknown

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Volcamut

13b. MOTHER'S MAIDEN NAME

Amanda Grossmann

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Richard Hoersch--R#1 Hermann, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Toxemia

INTERVAL BETWEEN ONSET AND DEATH

48 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Infectious hepatitis

5 wks.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III: If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August, 1950 to May 24, 1963 and last saw him alive on May 23, 1963

Death occurred at 6:02 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. G. Jeter, M.D.

22b. ADDRESS

Hermann, Mo.

22c. DATE SIGNED

5/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 26, 1963

23c. NAME OF CEMETERY OR CREMATORY

Hermann Cemetery

23d. LOCATION (City, town, or county)

Hermann,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

HERMAN BLUMER, INC. HERMANN, MO.

25. DATE RECD. BY LOCAL REG.

5-25-63

26. REGISTRAR'S SIGNATURE

Delmar Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1 0370

2 0370

3

4 1

5 0

6

7 9

8 2

9 092X

10

11

12 90-2

13 1-0

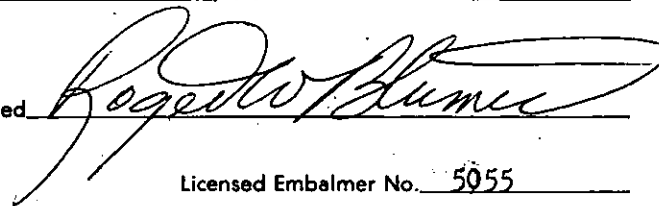
334'S 101 CFB 11.6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 5055

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.